PTO/SB/81 (09-03)

Approved for use through 11/30/2005. OMB 0651-0035

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| | Application Number | |
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| | First Named Inventor | |
| | Title | |
| | Art Unit | |
| | Examiner Name | |
| | Attorney Docket Number | |
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|---|---|--------------|------------------------|----------|------------------------|--|
| I hereby appoint: | | | | | | |
| Practitioners associated w | vith the Customer Number: | | | | | |
| Practitioner(s) named belo | ow: | | | | | |
| | Name | | Registration N | umber | | |
| Marvin N. | Gordon, | 23-, | 094 | | | |
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| | **** | 4-1-1 | | | | |
| as my/our attorney(s) or agent(s Trademark Office connected the | e) to prosecute the application identified erewith. | - | ansact all business in | n the Un | ited States Patent and | |
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| OR | Wall Goodsman Names. | | | • | | |
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| I am the: Applicant/Inventor. | | | | | | |
| Assignee of record of | the entire interest. See 37 CFR 3.71. FR 3.73(b) is enclosed. (Form PTO/SB | /96) | | | | |
| Claicing and or o | SIGNATURE of Applica | | of Record | | | |
| Name Mantin T | | | | <u> </u> | | |
| Signature V | Kantor | | | | | |
| Date January | 9 2004 | | Telephone | 914 | 834-5519 | |
| NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below. | | | | | | |
| | forms are submitted. | | | | | |

This collection of information is required by 37 CFR 1.31 and 1.33. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 3 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

Approved for use through 06/30/2006. OMB 0651-0032
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DECLARATION (37 CFR 1363) FOR UTILITY OR DESIGN APPLICATION USING AN APPLICATION DATA SHEET (37 CFR 1.76)

| Title of Invention | METHOD AND APPARATUS FOR BINDING PAPER SHEETS AND | | | | |
|---|--|--|--|--|--|
| As the below named inventor(s), I/we declare that: | | | | | |
| This declaration is directed to: | | | | | |
| | x The attached application, or | | | | |
| | Application No, filed on, | | | | |
| | as amended on(if applicable); | | | | |
| I/we believe that I/w sought; | e am/are the original and first inventor(s) of the subject matter which is claimed and for which a patent is | | | | |
| I/we have reviewed and understand the contents of the above-identified application, including the claims, as amended by any amendment specifically referred to above; | | | | | |
| I/we acknowledge the duty to disclose to the United States Patent and Trademark Office all information known to me/us to be material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT International filing date of the continuation-in-part application. | | | | | |
| to be true, and furth | e herein of my/own knowledge are true, all statements made herein on information and belief are believed her that these statements were made with the knowledge that willful false statements and the like are or imprisonment, or both, under 18 U.S.C. 1001, and may jeopardize the validity of the application or any on. | | | | |
| FULL NAME OF INV | /ENTOR(S) | | | | |
| Inventor one: Mc | Citizen of: United States | | | | |
| Inventor two: | | | | | |
| | Citizen of: | | | | |
| Inventor three: | | | | | |
| Signature: | Citizen of: | | | | |
| | | | | | |
| Signature: | Citizen of: | | | | |
| Additional inve | ntors or a legal representative are being named onadditional form(s) attached hereto. | | | | |

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